

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		408793.60
(b) Cash on Hand at Beginning of Reporting Period.....	429768.92	
(c) Total Receipts (from Line 19) .....	26445.43	280871.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	456214.35	689665.37
7. Total Disbursements (from Line 31) .....	36322.37	269773.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	419891.98	419891.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17999.32	186486.62
(ii) Unitemized .....	8446.11	83402.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26445.43	269889.29
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	26445.43	269889.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3482.48
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26445.43	280871.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26445.43	280871.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	822.37	4523.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	822.37	4523.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	265200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	36322.37	269773.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36322.37	269773.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26445.43	269889.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26445.43	269839.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	822.37	4523.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3482.48
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	822.37	1040.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 35  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julie Kay Anderson MD**

Mailing Address 2248 Chelmsford Ln

City

Saint Cloud

State

MN

Zip Code

56301-9012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Cloud Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 02 / 2014

Transaction ID : C2745539

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

**B. Justin V Bartos MD**

Mailing Address 4300 Cagle Dr  
Ste 200

City

North Richland Hills

State

TX

Zip Code

76180-8380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Hills Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 23 / 2014

Transaction ID : C2759198

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**c. Joane Goforth Baumer MD**

Mailing Address 910 Houston St  
Apt 701

City

Fort Worth

State

TX

Zip Code

76102-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

06 / 21 / 2014

Transaction ID : C2759125

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

412.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cindy Lee Behrens MD**

Mailing Address 2121 Windermere Cir

City

Pensacola

State

FL

Zip Code

32503-5872

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sacred Heart Urgent Care

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2745530**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Salvatore Bernardo Md Bernardo MD**

Mailing Address 131 Pin Oak Rd

City

Freehold

State

NJ

Zip Code

07728-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2755960**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ETSU

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2014

**Transaction ID : C2754564**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2764859**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Po-Shen Chang MD**

Mailing Address 139 Monticello Dr

City

Longview

State

WA

Zip Code

98632-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Permanente

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 11 / 2014

**Transaction ID : C2753918**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Steven A Crawford MD**

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

06 / 23 / 2014

**Transaction ID : C2759199**

Amount of Each Receipt this Period

416.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2516.66



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gretchen M Dickson MD**

Mailing Address 2227 N Stoneybrook Ct

City

Wichita

State

KS

Zip Code

67226-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ. of Kansas School of Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2755969**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Sachin Narendra Dixit MD**

Mailing Address 1796 Concord Dr

City

Glendale Heights

State

IL

Zip Code

60139-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2745544**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael K Engelken MD**

Mailing Address 7920 SW Indian Woods Pl

City

Topeka

State

KS

Zip Code

66615-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2755748**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 35  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City State Zip Code  
 York PA 17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : C2764771**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Leslie A Foote MD**

Mailing Address 16103 Meridian Rd

City State Zip Code  
 Salinas CA 93907-9140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : C2756907**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. S Gay Freeman MD**

Mailing Address 94 Morton Rd

City State Zip Code  
 South Chatham MA 02659-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : C2750888**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James M Gill MD**

Mailing Address 17 Henderson Hill Rd

City

Newark

State

DE

Zip Code

19711-5958

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine at Greenhill

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2750324**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Olivia M Graves MD**

Mailing Address 14150 Old Cutler Ro

City

Palmetto Bay

State

FL

Zip Code

33158-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2745549**

Amount of Each Receipt this Period

730.00

Full Name (Last, First, Middle Initial)

**C. Michael H Hartsell MD**

Mailing Address 1404 Tusculum Blvd  
 MOB # 3 Suite 2100

City

Greeneville

State

TN

Zip Code

37745-4329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : C2745561**

Amount of Each Receipt this Period

730.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Carletta Hauck**

Mailing Address 3912 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SD AFP

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2750197**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Richard Lee Hayes MD**

Mailing Address 1300 Braden St

City

Jacksonville

State

AR

Zip Code

72076-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 11 / 2014

**Transaction ID : C2753903**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2750718**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Lee Holmes MD**

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Clinic, LLP

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2755967**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. James S Irwin MD**

Mailing Address 112 5Th Ave W

Family Care Physicians, P.A.

City

Jerome

State

ID

Zip Code

83338-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Physicians

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2755975**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Donald Leland Ives MD**

Mailing Address PO BOX 440

City

Ester

State

AK

Zip Code

99725-0440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2014

**Transaction ID : C2754615**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Melissa Jefferis MD**

Mailing Address 1142 Worthington Woods Blvd

City State Zip Code  
Columbus OH 43085-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2766695**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

## **B. Jessica Johnson**

Mailing Address 5933 SW Hood Ave

City State Zip Code  
Portland OR 97239-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

OHSU

Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 09 / 2014

**Transaction ID : C2750959**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

## **C. Bradon Y Kimura MD**

Mailing Address PO Box 497

City State Zip Code  
Kealahou HI 96750-0497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2766696**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

905.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gregory King MD**

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

06 / 25 / 2014

**Transaction ID : C2761350**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

## **B. Rakesh Koul MD**

Mailing Address 63 Wilson Ave

City

Westbury

State

NY

Zip Code

11590-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2755962**

Amount of Each Receipt this Period

430.00

Full Name (Last, First, Middle Initial)

## **C. Richard Lord Jr Md Lord MD**

Mailing Address 634 N Spring St

City

Winston Salem

State

NC

Zip Code

27101-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 08 / 2014

**Transaction ID : C2750913**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesus A Manteca-Elias MD**

Mailing Address 1832 Weeg Way

City

Park Ridge

State

IL

Zip Code

60068-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764844

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kevin B Martin MD**

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 14 / 2014

Transaction ID : C2754563

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Amy Kristen McIntyre MD**

Mailing Address 1140 W Diamond St

City

Butte

State

MT

Zip Code

59701-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Butte Community Health Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764769

Amount of Each Receipt this Period

36.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

451.50



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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : C2745557**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2014

**Transaction ID : C2753897**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : C2755965**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2764899**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Anne M Montgomery MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2014

**Transaction ID : C2764023**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dale C Moquist MD**

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.96

Date of Receipt

06 / 09 / 2014

**Transaction ID : C2750958**

Amount of Each Receipt this Period

91.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

366.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Paul Okun MD**

Mailing Address 367 Rahway Rd  
PO Box 761

City Edison State NJ Zip Code 08820-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

William Network

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 18 / 2014

**Transaction ID : C2755958**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Carl Raymond Olden MD**

Mailing Address 311 S 72nd Ave

City Yakima State WA Zip Code 98908-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Crest Family Medicine

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 19 / 2014

**Transaction ID : C2756950**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Beth Loney Oller MD**

Mailing Address 304 N 1st St

City Stockton State KS Zip Code 67669-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Solomon Valley Family Medicine--self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 23 / 2014

**Transaction ID : C2759295**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Austin Oller MD**

Mailing Address 304 N 1st St

City

Stockton

State

KS

Zip Code

67669-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Solomon Valley Family Medicine--self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 23 / 2014

**Transaction ID : C2759297**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Javette C Orgain MD**

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

06 / 24 / 2014

**Transaction ID : C2760162**

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

**C. Ellen S Reinheimer MD**

Mailing Address 20 Earloode Dr

City

White Plains

State

NY

Zip Code

10606-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Med Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

06 / 11 / 2014

**Transaction ID : C2753906**

Amount of Each Receipt this Period

850.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1402.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Family Physician

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 28 / 2014

Transaction ID : C2764770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ralph Nichols Riley MD**

Mailing Address PO Box 248

109 Alamo Circle

City

Saluda

State

SC

Zip Code

29138-0248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riley Family Practice Associates, PA

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert R Rodak DO**

Mailing Address 6445 Pepper Ct

City

Erie

State

PA

Zip Code

16505-2673

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Occupation

Family Physician

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753922

Amount of Each Receipt this Period

365.00

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**TOTAL** This Period (last page this line number only)..... ►

1465.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeannine M Rodems MD**

Mailing Address 15 Suncrest Dr

City

Soquel

State

CA

Zip Code

95073-9709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 29 / 2014

Transaction ID : C2764834

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : C2756906

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. George Wm Shannon MD**

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764862

Amount of Each Receipt this Period

100.00

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**TOTAL** This Period (last page this line number only)..... ►

515.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Windel A Stracener MD**

Mailing Address 1333 Hunters Pointe Dr

City

Richmond

State

IN

Zip Code

47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 06 / 2014

**Transaction ID : C2750196**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Glen R Stream MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : C2764861**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Raja Talati MD**

Mailing Address 805 SW Classico Ct

City

Port Saint Lucie

State

FL

Zip Code

34986-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2014

**Transaction ID : C2762243**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle A Turner MD**

Mailing Address PO Box 287

2903 N Broadway Ave

City

Miller

State

SD

Zip Code

57362-0287

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : C2754616**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Carl Vance Tyler Jr**

Mailing Address 18200 Lorain Ave

City

Cleveland

State

OH

Zip Code

44111-5605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : C2753900**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Lloyd P Van Winkle MD**

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
06 / 24 / 2014

**Transaction ID : C2760161**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marie Pauroso Vitale MD**

Mailing Address 968 Mapleton Ave

City

Suffield

State

CT

Zip Code

06078-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 30 / 2014

Transaction ID : C2764898

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dean Angela Weldon MD**

Mailing Address 288 SW Judson Dr

City

Oak Harbor

State

WA

Zip Code

98277-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PhyAmerica and US Navy

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 11 / 2014

Transaction ID : C2753911

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 05 / 2014

Transaction ID : C2749916

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.00

17999.32

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<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

15.98

MM / DD / YYYY

3.25

06 / 09 / 2014

Age Group	Percentage
18-24	1.63
25-34	1.63
35-44	1.63
45-54	1.63
55-64	1.63
65-74	1.63
75-84	1.63
85+	1.63

Age Group	Percentage
18-24	20.86
25-34	18.18
35-44	15.45
45-54	12.73
55-64	10.91
65-74	8.18
75+	5.45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

9.75

Category/  
Type

3.25

Category/  
Type

3.97

Age Group	Percentage
18-24	16.97
25-34	16.97
35-44	16.97
45-54	16.97
55-64	16.97
65-74	16.97
75-84	16.97
85+	16.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 35

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : D159453

Amount of Each Disbursement this Period

11.86

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : D159454

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : D159455

Amount of Each Disbursement this Period

11.86

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26.97

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 35

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 27 2014

Transaction ID : D159456

Amount of Each Disbursement this Period

1.37

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 30 2014

Transaction ID : D159457

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 30 2014

Transaction ID : D159458

Amount of Each Disbursement this Period

6.09

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.41

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank Of America Merchant Services**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	6		0	2		2014					

Mailing Address WA2-505-01-40  
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Transaction ID : D159239

Amount of Each Disbursement this Period

742.16

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

742.16

822.37

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BOEHNER FOR SPEAKER**

Mailing Address 320 1st St SE

City  
WashingtonState  
DCZip Code  
20003-1838Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : D159075

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC**

Mailing Address PO Box 30344

City  
BethesdaState  
MDZip Code  
20824-0344Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : D159069

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. OFF THE SIDELINES PAC**Mailing Address 895 Broadway  
FI 5City  
New YorkState  
NYZip Code  
10003-1226Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : D159077

Amount of Each Disbursement this Period

5000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. ORRINPAC**

Mailing Address 175 S. WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : D159079

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BARBARA LEE FOR CONGRESS**

Mailing Address 1736 Franklin Street #550

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Barbara Lee

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: CA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : D159072

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PASCRELL FOR CONGRESS**

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : D159074

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 2012

City	State	Zip Code
KINGSFORD	MI	49802

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Dan Benishek

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

Transaction ID : D159076

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City	State	Zip Code
HOPKINSVILLE	KY	42241

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Edward Whitfield

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

Transaction ID : D159070

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. DOGETT FOR US CONGRESS**

Mailing Address PO Box 5843

City	State	Zip Code
Austin	TX	78763

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Lloyd Doggett

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

Transaction ID : D159073

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NITA LOWEY FOR CONGRESS**

Mailing Address PO Box 271

City	State	Zip Code
White Plains	NY	10605

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Nita M. Lowey**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : D159078**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Mailing Address 509 MADISON AVE SUITE 1902

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. Charles E. Schumer**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : D159067**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARRASSO**

Mailing Address PO BOX 52008

City	State	Zip Code
CASPER	WY	82605

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Sen. John Barrasso**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2014

**Transaction ID : D159071**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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